## XII California Pesticide Residue Workshop Registration Form

Advance Registration Post-marked: Friday, February 25, 2000

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(Please fill in all information below)	
Last name:	First name:
Affiliation:	
Address:	
	country:
Phone: I	Fax: email:
Registration Prices:	
Advanced Registration for	or Entire WorkShop:  \$\square\$ \$ 325 \times 1=
	On-site Registration: \$ 425
Multip	le Registration (+3): 🔲 \$ 275 X 1=
St	udent Registration: 🔲 \$ 100 X 1=
	One Day Only:
	Exhibits Only: \$\int 50 \times 1= \frac{\text{\tint{\til\text{\tint{\text{\tin}\tint{\text{\text{\tin}}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\tex{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\texi}\text{\text{\texi}\text{\text{\texitilex{\texict{\texi}\tint{\text{\texit{\texi{\texi{\texi{\texi{\texi{\texi{\texi}\texit{\ti
Short Courses:(subject to a	availability)
Mass Spectral Decon	volution Techniques 🔲 \$ 50 X 1=
Modern Sampling	Techniques for G.C. \$\square\$ \$ 300 \times 1=
Tours and Activities: (space is limited)	
Yosemite Valley Tou OR Mariposa Old Town & Redwood Grove Tou	\$30.00 X =
Transportation	# People
Shuttle Bus (round tri	p \$40/person) X \$40.00 =
Plase select Depart Date ar	nd Time: From Fresno:
(see insert for shuttle sche	
	Total Amount: \$
This form must accompany	payment. You will be mailed a receipt of payment received.
Please make check, money order or po# payable to: <u>CDFA-060</u>	
Mail Payment and	CDEA Cookies Colif Dant of Food and Assistation
Registration Form to:	CDFA Cashier- Calif. Dept. of Food and Agriculture P.O. Box 942872 Sacramento, CA 94271-2872
If you ha	ve any questions, please contact Fernando Felix:
·	62-1434 Fax (916) 262-1061 E-mail ffelix@cdfa.ca.gov